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| ANDRUS, SCE<br>100 EAST WISO   | I her<br>State<br>addr<br>trans   | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |  |                       |                  |              |
|--|---|---|--|--|--|-----------------------|------------------|--------------|
| MILWAUKEE,   |   | Roni Haupt  |  |  | (Depositor's name)                                   |                       |                  |              |
|  |   |   | Rone Haupt   |  |  | (Signature)           |                  |              |
|  |   |   |  | 4-25   | -08  |                       |                  | (Date)       |
| APPLICATION NO.  | FILING DATE   |   | FIRST NAMED INVENTOR   |  | ATTORNEY DOCKET NO.                                  |                       | CONFIRMATION NO. |              |
| 10/698,229   | 10/698,229 10/31/2003   |   | Bruce Friedman   |  | 039199-9545-00                                       |                       | 1506             |              |
| TITLE OF INVENTION   | : TEMPERATURE AN  | D RESPIRATION ACQU  | UISITION APPARATUS A   | ND METHOD  |  |                       |                  |              |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE   | FEE 1  | OTAL FEE(S) DUE       | DATE DUE         |              |
| nonprovisional   | NO  | \$1440  | \$300  | \$0  | \$0 \$1740   |                       | 06/11/2          | 2008         |
| EXAMINER   |   | ART UNIT  | CLASS-SUBCLASS   |  |  |                       |                  |              |
| NATNITHITH   | NATNITHITHADHA, NAVIN   |   | 600-537000   | ,  |  |                       |                  |              |
| CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-C Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unirecordation as set fort (A) NAME OF ASSIGNEE Medica Technology   | nd RESIDENCE DAT. ess an assignee is ident h in 37 CFR 3.11. Com GNEE al Systems In: gies, Inc. | ange of Correspondence  "Indication form hed. Use of a Customer  A TO BE PRINTED ON tified below, no assignee pletion of this form is NO formation  | 2. For printing on the process of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorned in the process of the proc | 3 registered patenticly, e firm (having as a agent) and the naments or agents. If a printed.  Dee) atent. If an assignment. and STATE OR COMINICATION OF COMIN | member a<br>es of up to<br>no name is<br>ee is ident | s 1 & Sawa.           | cument has be    | en filed for |
| Please check the appropriate assignee category or categories (will not be page 4a. The following fee(s) are submitted:    Solution   Solution |   |   | b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502401 (enclose an extra copy of this form).   |  |  |                       |                  |              |
| _ ` `  | s SMALL ENTITY stat   | ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |  |  |  |                       |                  |              |
| NOTE: The Issue Fee an interest as shown by the  | d Publication Fee (if req<br>records of the United Sta  | uired) will not be accepte<br>ates Patent and Trademar  | ed from anyone other than the Koffice.   | he applicant; a regi   | stered atto  | rney or agent; or the | e assignee or ot | her party in |
| Authorized Signature   | 7 7   | (aler   |  | Date _ 4/  | 125/   | 08                    |                  |              |
| Typed or printed name  | Joseph D  | . Kuborn  |  | Registration N   | lo4  | 0,689                 |                  |              |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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